

AUTO CR - LOG SUMMARY #1075368

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
IT IS REPORTED THAT THE OFFICERS RESPONDED TO AN ASSAULT IN PROGRESS. IT IS REPORTED THAT WHEN THEY ATTEMPTED TO PLACE THE OFFENDER IN CUSTODY HE REMOVED HIS KEYS FROM HIS POCKET, BALLED THEM INTO A FIST AND ATTEMPTED TO STRIKE THE OFFICERS. THE INVOLVED MEMBER DEPLOYED HIS OC SPRAY, THE OFFENDER WAS TAKEN TO THE GROUND AND EVENTUALLY PLACED INTO CUSTODY.	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	LEIBAS SR, PHILLIP	[REDACTED]	010 /	LIEUTENANT OF POLICE	M	S		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
26-MAY-2015 07:17 - 26-MAY-2015 07:17	[REDACTED]	1034	010	290 - RESIDENCE	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject	[REDACTED]				M	VWH	[REDACTED]	
CPD Employee	Involved Member	AVALOS, JAVIER	18817	[REDACTED]	POLICE OFFICER	M	S	[REDACTED]	
CPD Employee	Witness	ACEVEDO, MARTIN J	9561	[REDACTED]	POLICE OFFICER	M	S	[REDACTED]	

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:		Civil Suit Settled Date:	
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20D - GROUP 20 - NOTIFICATIONS OC DISCHARGE	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	19-JUN-2015 11:17	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	No allegations of misconduct.
CLOSED AT C.O.P.A.	19-JUN-2015 11:14	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING ASSIGN TEAM	01-JUN-2015 09:55	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	01-JUN-2015 09:43	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	26-MAY-2015 08:31	STEWART, DENISE	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET				STEWART, DENISE	STEWART, DENISE	26-MAY-2015 08:31			
	DOCUMENTS - INTAKE INCIDENT		2	OFFICER M. ACEVEDO#9561	N	STEWART, DENISE	26-MAY-2015 10:55	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFFICER M. ACEVEDO#9561	N	STEWART, DENISE	26-MAY-2015 10:56	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	RD#H██████████	N	STEWART, DENISE	26-MAY-2015 10:58	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFFICER J. AVALOS#18817	N	STEWART, DENISE	26-MAY-2015 10:52	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFFICER J. AVALOS#18817	N	STEWART, DENISE	26-MAY-2015 10:51	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	RICARDO HERNANDEZ	N	STEWART, DENISE	27-MAY-2015 03:17	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 26-MAY-2015) - LOG #1075368

TYPE: INFO

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CPD Employee	Reporting Party Third Party	LEIBAS SR, PHILLIP	[REDACTED]	010 /	LIEUTENANT OF POLICE	M	S		

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Accused Members

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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20D - GROUP 20 - NOTIFICATIONS OC DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	26-MAY-2015 20:31	STEWART, DENISE	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	19-JUN-2015 11:17	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	No allegations of misconduct.
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PRELIMINARY	26-MAY-2015 08:31	STEWART, DENISE	INTAKE AIDE	113 /	

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 26-MAY-2015		TIME 19:10:00	2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE 090	4. BEAT/OCCUR 1034																																																																						
MEMBER INVOLVED SUBJECT INFORMATION DNA	5. POSITION 9161	6. LAST NAME AVALOS	7. FIRST NAME JAVIER	8. STAR NO. 18817	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11. AGE [REDACTED]	12. HT. 509	13. WT. 165																																																																					
	14. DATE OF APPT. 04-OCT-1999	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 010 1054	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																								
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WWH	25. D.O.B. [REDACTED]	26. HT. 510	27. WT. 195																																																																					
	28. ADDRESS 2244 S BLUE ISLAND AVE CHICAGO, IL 60608		29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	VERBAL THREAT (ASSAULT), MOUTH (SPIT,BITE,ETC), FEET, [REDACTED]	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																							
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]			34. BY WHOM? [REDACTED]	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	[REDACTED]		36. CHARGES PLACED [REDACTED]	<input type="checkbox"/> DNA	37. CB NO. [REDACTED]	IR NO. [REDACTED]																																																																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">38. <input type="checkbox"/> DNA</th> <th style="width: 20%;">PASSIVE RESISTER</th> <th style="width: 20%;">ACTIVE RESISTER</th> <th style="width: 20%;">ASSAILANT:ASSAULT</th> <th style="width: 20%;">ASSAILANT:BATTERY</th> <th style="width: 20%;">ASSAILANT:DEADLY FORCE</th> </tr> </thead> <tbody> <tr> <td rowspan="2" style="vertical-align: top;">SUBJECT'S ACTIONS</td> <td>DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/></td> <td>FLED <input type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/></td> <td>ATTACK WITH WEAPON <input checked="" type="checkbox"/></td> <td>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/></td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/></td> <td>PULLED AWAY <input checked="" type="checkbox"/></td> <td>OTHER _____</td> <td>ATTACK WITHOUT WEAPON <input type="checkbox"/></td> <td>WEAPON <input type="checkbox"/></td> </tr> <tr> <td rowspan="8" style="vertical-align: top;">MEMBER'S RESPONSE</td> <td>OTHER _____</td> <td>OTHER _____</td> <td>OTHER _____</td> <td>OTHER _____</td> <td>OTHER _____</td> </tr> <tr> <td>MEMBER PRESENCE <input checked="" type="checkbox"/></td> <td>OPEN HAND STRIKE <input checked="" type="checkbox"/></td> <td>ELBOW STRIKE <input type="checkbox"/></td> <td>KNEE STRIKE <input type="checkbox"/></td> <td>FIREARM <input type="checkbox"/></td> </tr> <tr> <td>VERBAL COMMANDS <input checked="" type="checkbox"/></td> <td>TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/></td> <td>CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/></td> <td>KICKS <input type="checkbox"/></td> <td>OTHER _____</td> </tr> <tr> <td>ESCORT HOLDS <input checked="" type="checkbox"/></td> <td>OC CHEMICAL WEAPON <input checked="" type="checkbox"/></td> <td>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/></td> <td>IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/></td> <td></td> </tr> <tr> <td>WRISTLOCK <input checked="" type="checkbox"/></td> <td>CANINE <input type="checkbox"/></td> <td>OTHER _____</td> <td></td> <td></td> </tr> <tr> <td>ARMBAR <input type="checkbox"/></td> <td>TASER (Probe Discharge) <input type="checkbox"/></td> <td>OTHER _____</td> <td></td> <td></td> </tr> <tr> <td>PRESSURE SENSITIVE AREAS <input type="checkbox"/></td> <td>TASER (Contact Stun) <input type="checkbox"/></td> <td>OTHER _____</td> <td></td> <td></td> </tr> <tr> <td>CONTROL INSTRUMENT <input type="checkbox"/></td> <td>TASER (Spark Displayed) <input type="checkbox"/></td> <td>OTHER _____</td> <td></td> <td></td> </tr> <tr> <td>OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/></td> <td>OTHER _____</td> <td>OTHER _____</td> <td></td> <td></td> </tr> <tr> <td>OTHER _____</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										38. <input type="checkbox"/> DNA	PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT:ASSAULT	ASSAILANT:BATTERY	ASSAILANT:DEADLY FORCE	SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input checked="" type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>	MEMBER'S RESPONSE	OTHER _____	MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input checked="" type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>	VERBAL COMMANDS <input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____	ESCORT HOLDS <input checked="" type="checkbox"/>	OC CHEMICAL WEAPON <input checked="" type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		WRISTLOCK <input checked="" type="checkbox"/>	CANINE <input type="checkbox"/>	OTHER _____			ARMBAR <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>	OTHER _____			PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>	OTHER _____			CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>	OTHER _____			OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	OTHER _____	OTHER _____			OTHER _____								
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39. <input type="checkbox"/> DNA	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]			40. ADDITIONAL INFORMATION																																																																										
POSITION [REDACTED]		STAR NO. [REDACTED]	UNIT [REDACTED]																																																																											
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR																																																																									
45. MAKE/MANUFACTURER [REDACTED]			46. MODEL [REDACTED]	47. BARREL LENGTH [REDACTED]	48. CALIBER/GAUGE [REDACTED]																																																																									
49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL NO. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]	52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]																																																																								
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]																																																																								
59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER OC SPRAY		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	70. EVENT NO. [REDACTED]																																																																								
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																																										
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]					67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																																																																									
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN					69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]																																																																									
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									71. R. NO. [REDACTED]																																																																				
SIGNATURES	73. REPORTING MEMBER (Print Name) AVALOS, JAVIER 26-MAY-2015 21:31:55																																																																													
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																																																																														
74. REVIEWING SUPERVISOR (Print Name) NEGRETE JR, JERRY		STAR NO. 812	SIGNATURE [REDACTED]	DATE REVIEWED 26-MAY-2015 22:08:39		TIME 22:08:39																																																																								

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

The offender was interviewed by R/L at 2045 hrs. and he related that he resisted arrest because he did not know what he was being arrested for and later apologized for his actions.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts in this incident, R/L finds that the member was in compliance with department directives regarding the use of force.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO. 1075368 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

LEIBAS SR, PHILLIP

SIGNATURE

DATE COMPLETED

TIME

26-MAY-2015 22:23:26

79. TOTAL TRR's THIS EVENT No.

2

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) AVALOS, JAVIER		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE 2244 S BLUE ISLAND AVE	
STAR NO. 18817	POSITION POLICE OFFICER	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT 04-OCT-1999	EMPLOYEE NO. [REDACTED]	LOCATION CODE 090-APARTMENT	BEAT OF OCCURRENCE 1034
UNIT OF ASSIGNMENT 010	BEAT/CALL NO. 1054	DATE OF OCCURRENCE 26-MAY-2015	TIME 19:10:00
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE HISPANIC	DAY OF WEEK TUESDAY	NO. OF OFFICERS BATTERED 2
HEIGHT 509	WEIGHT 165	WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO	
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? 4			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED <input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER POLICE TRANSPORT VAN	
MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)		TYPE OF WEAPON/THREAT (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input checked="" type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE _____ <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT	
TYPE OF ACTIVITY <input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input checked="" type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
OFFENDER INFORMATION SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE WHITE HISPANIC DOB [REDACTED] CB NO. [REDACTED] IR NO. [REDACTED]		TYPE OF INJURY TO OFFICER WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
LIGHTING CONDITIONS AT INCIDENT <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> <input checked="" type="checkbox"/> 2. GOOD		WEATHER CONDITIONS <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: 75 °F	

REPORTING MEMBER - SIGNATURE
AVALOS, JAVIER

STAR NO.
18817

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
LEIBAS SR, PHILLIP

310

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 26-MAY-2015		TIME 19:10:00	2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE 090	4. BEAT/OCCUR 1034			
MEMBER INVOLVED DNA SUBJECT INFORMATION	5. POSITION 9161	6. LAST NAME ACEVEDO	7. FIRST NAME MARTIN J	8. STAR NO. 9561	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11. AGE [REDACTED]	12. HT. 511	13. WT. 240		
	14. DATE OF APPT. 10-MAY-1999	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 010 1054	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WWH	25. D.O.B. [REDACTED]	26. HT. 510	27. WT. 195		
	28. ADDRESS CHICAGO, IL 60608			29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> OTHER (SPECIFY), VERBAL THREAT (ASSAULT), HANDS/FISTS, <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]					34. BY WHOM? [REDACTED]	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	<input checked="" type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 05 Refused Medical Aid			
	36. CHARGES PLACED [REDACTED]					<input type="checkbox"/> DNA	37. CB NO. [REDACTED]	IR NO. [REDACTED]	<input type="checkbox"/> DNA		
	REASON FOR USE OF FORCE (Check all that apply) DNA	38. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		ACTIVE RESISTER FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		ASSAILANT:ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ASSAILANT:BATTERY ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER <u>FIST CLENCHING MULTIF</u> <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____	
		MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input checked="" type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input checked="" type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____	
		39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]					40. ADDITIONAL INFORMATION				
		POSITION [REDACTED]		STAR NO. [REDACTED]	UNIT [REDACTED]						
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR						
45. MAKE/MANUFACTURER [REDACTED]			46. MODEL [REDACTED]	47. BARREL LENGTH [REDACTED]	48. CALIBER/GAUGE [REDACTED]						
49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL NO. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]	52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]					
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]					
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	70. EVENT NO. [REDACTED]					
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)							
71. RD NO. [REDACTED]											
72. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC		73. CPIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.									
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
74. SIGNATURES 73. REPORTING MEMBER (Print Name) ACEVEDO, MARTIN J 26-MAY-2015 21:40:30		STAR/EMPLOYEE NO. 9561	SIGNATURE [REDACTED]	74. REVIEWING SUPERVISOR (Print Name) NEGRETE JR, JERRY							
74. REVIEWING SUPERVISOR (Print Name) NEGRETE JR, JERRY		STAR NO. 812	SIGNATURE [REDACTED]	DATE REVIEWED 26-MAY-2015 22:07:34 TIME							

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

The offender was interviewed by R/L at 2045 hrs. and he related that he resisted arrest because he did not know what he was being arrested for and later apologized for his actions.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts in this incident, R/L finds that the member was in compliance with department directives regarding the use of force.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO. 1075368 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

LEIBAS SR, PHILLIP

SIGNATURE

DATE COMPLETED

TIME

26-MAY-2015 22:17:41

79. TOTAL TRR's THIS EVENT No.

2

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) ACEVEDO, MARTIN J		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE [REDACTED]	
STAR NO. 9561	POSITION POLICE OFFICER	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT 10-MAY-1999	EMPLOYEE NO. [REDACTED]	LOCATION CODE 090-APARTMENT	BEAT OF OCCURRENCE 1034
UNIT OF ASSIGNMENT 010	BEAT/CALL NO. 1054	DATE OF OCCURRENCE 26-MAY-2015	TIME 19:10:00
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE HISPANIC	DAY OF WEEK TUESDAY	NO. OF OFFICERS BATTERED <u>2</u>
HEIGHT 511	WEIGHT 240	WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO	
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>4</u>			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED <input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER POLICE TRANSPORT VAN	
		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY <input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input checked="" type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input checked="" type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE 720 ILCS 5.0/19-4-A-1-CRIM TRESPASS IUCR CODE CRIMINAL TRESPASS - TO LAND		TYPE OF WEAPON/THREAT (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
		OFFENDER INFORMATION SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE WHITE HISPANIC DOB [REDACTED] CB NO. [REDACTED] IR NO. [REDACTED]	
TYPE OF INJURY TO OFFICER <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? <u>1</u>	
LIGHTING CONDITIONS AT INCIDENT <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR [REDACTED] <input checked="" type="checkbox"/> 2. GOOD		WEATHER CONDITIONS <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: <u>75 °F</u>	

REPORTING MEMBER - SIGNATURE
ACEVEDO, MARTIN J

STAR NO.
9561

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
LEIBAS SR, PHILLIP

310

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
 (For use by Chicago Police Department Personnel Only)
 CPD-11.388(6/03)-C

RD #: [REDACTED]
 Case ID: [REDACTED]
 EVENT #: [REDACTED]

APPROVAL COMPLETE			
IUCR: 0554 - Assault - Agg Po Hands No/Min Injury 3710 - Interference With Public Officer - Resist/Obstruct/Disarm Officer			
Occurrence Location:	[REDACTED]	Beat: 1034	Unit Assigned: 1032 RO Arrival Date: 26 May 2015 19:05
090 - Apartment		# Offenders: 1	
Occurrence Date: 26 May 2015 19:10			

NON-OFFENDER(S)			
VICTIM - Individual			
Name: PO AVALOS, 18817 Res: 3315 W Ogden Ave Chicago IL 312 - 747 - 7511 Sobriety: Sober CPD Officer: No		Demographics Beat: 1024	
		Age: 38 Years - Approx.	
VICTIM - Individual			
Name: PO ACEVEDO , 9561 Res: 3315 W Ogden Ave Chicago IL 312 - 747 - 7511 Sobriety: Sober CPD Officer: No		Demographics Beat: 1024	
		Age: 40 Years - Approx.	
INJURY(S)			
WITNESS - Individual			
Name: [REDACTED] Res: [REDACTED] CPD Officer: No		Demographics Beat: 1034	
		Female White Hispanic 5'06, 125 lbs Brown Eyes Brown Hair Pony Tails Hair Style Medium Brown Complexion	
		DOB: [REDACTED] Age: 31 Years Birth Place: Illinois DLN: [REDACTED]	

Injury Info (PO AVALOS,18817 - Victim)		
Extent: Minor		
<u>Type</u>	<u>Weapon Used</u>	<u>Other Weapon Used</u>
Other	Other	Other - Fists
Other	Other	Other - Fists
Other	Other	Other - Fists

Injury Info (PO ACEVEDO ,9561 - Victim)		
Extent: Minor		
<u>Type</u>	<u>Weapon Used</u>	<u>Other Weapon Used</u>
Abrasions	Other	Other - Keys / Fist
Other	Other	Other - Fists
Other	Other	Other - Fists

Suspect # 1		In Custody	
Name:	Demographics		
Res: [REDACTED]	Beat: 1034	Male	DOB: [REDACTED]
		White Hispanic	Age: 33 years
		5'10,	Birth Place: Illinois
		195 lbs ,	DLN: [REDACTED]
		Brown Eyes	Suspected of Using:
		Black Hair	Alcohol
		Curly Hair Style	
		Medium Brown Complexion	

RELATIONSHIP	PO AVALOS, 18817 (Victim)	is a No Relationship of	[REDACTED]	(Offender)
	PO ACEVEDO , 9561 (Victim)	is a No Relationship of	[REDACTED]	(Offender)

OTHER	Miscellaneous		
Victim Information Provided	Flash Message Sent ? No		

NARRATIVES
 EVENT # [REDACTED] CROSS-REFERENCE RD # [REDACTED] IN SUMMARY, BEAT 1054 PO AVALOS #18817 AND PO ACEVEDO #9561 RESPONDED TO CALL OF ASSAULT IN PROGRESS. UPON ARRIVAL ABOVE STATED OFFICERS MEET WITH CALLER [REDACTED] (WITNESS AND VICTIM/COMPLAINANT UNDER RD # [REDACTED]) WHO STATED THAT SHE WAS IN THE PROCESS OF PURCHASING [REDACTED]. [REDACTED] IS THE SON OF TENANTS THAT CURRENTLY RESIDE ON THE SECOND FLOOR OF SAID ADDRESS. ON TODAY'S DATE [REDACTED] (OFFENDER) HAD CAME DOWN TO HER PLACE OF RESIDENCE; WHEN [REDACTED] OPENED HER RESIDENCE DOOR [REDACTED] BECAME VERBALLY AGGRESSIVE TOWARDS [REDACTED] AND MADE MULTIPLE THREATS TOWARDS [REDACTED] STATING THAT "THIS WAS HIS HOOD AND SHE WASN'T GOING TO CHANGE IT." [REDACTED] BECOMING APPREHENSIVE CLOSED HER DOOR AT WHICH POINT [REDACTED] BROKE THE DOOR BY HITTING IT WITH HIS BODY AND ENTERED THE [REDACTED] APARTMENT, REFUSING TO LEAVE. [REDACTED] WAS IN THE PROCESS OF CALLING POLICE AND OFFENDER LEFT SCENE WITH THIS REALIZATION. BEAT 1054 RESPONDED AND WAS STILL INTERVIEWING [REDACTED] WHEN OFFENDER RETURNED TO SCENE; PO AVALOS ON SIGHT OF [REDACTED] NOTED HIS CLOTHING DESCRIPTION MATCHING THAT GIVEN IN THE CALL; AND ASKED [REDACTED] IF HE [REDACTED] WAS THE OFFENDER; POSITIVE IDENTIFICATION BY [REDACTED]. AS PO AVALOS ATTEMPTED TO PLACE [REDACTED] INTO CUSTODY, [REDACTED] GRABBED HIS KEYS, LACING THEM IN BETWEEN HIS FINGERS AS A WEAPON IN AN AGGRESSIVE MANNER. PO ACEVEDO ATTEMPTED TO GAIN CONTROL OF [REDACTED] S SAID HAND, WHEN HE SUSTAINED ABRASION ON HIS RIGHT LOWER ARM WHICH SPREAD TO HIS ELBOW. OC DEPLOYED BY OFFICER AVALOS IN AN

ATTEMPT TO MINIMIZE THREAT AND GAIN CONTROL OF OFFENDER. TAKE-DOWN MANUVERS APPLIED BY BY BEAT 1054; WHERE OFFENDER TUGGED HIS HANDS UNDER HIS BODY AND FAILURE TO COMPLY WITH VERBAL COMMAND TO STOP RESISTING AS OFFICER ATTEMPTED TO CUFF [REDACTED] Z; INSTEAD [REDACTED] PULLED HIS HANDS AWAY FROM BOTH OFFICERS AND REPEATEDLY STATED "I'M GOING TO FUCKEN KILL YOU MOTHERFUCKERS." WHILE GAINING CONTROL OF [REDACTED] PO AVAOLS #18817 AND PO ACEVEDO SUSTAINED ABOVE LISTED INJURIES; REFUSAL ON MEDICAL ATTENTION AT CURRENT TIME BUT TO SEEK MEDICAL ATTENTION IN FUTURE IF NECESSARY. FOLLOWING UNITS ON SCENE: 1014, 1031, 1032, 1071, 1053, 1054, 1030 & 1040.

- STAR#: 8348 NAME: HINA JAFRI BEAT: 1032
- STAR#: 17615 NAME: JOSE ALVAREZ BEAT: 1032

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	8348	[REDACTED]	JAFRI, Hina	[REDACTED]	26 May 2015 21:36	010	1032

Victim	IUCR	Crime	Offender
PO AVALOS	0554	Assault - Agg Po Hands No/Min Injury	[REDACTED]
PO AVALOS	3710	Interference With Public Officer - Resist/Obstruct/Disarm Officer	[REDACTED]
PO ACEVEDO	0554	Assault - Agg Po Hands No/Min Injury	[REDACTED]
PO ACEVEDO	3710	Interference With Public Officer - Resist/Obstruct/Disarm Officer	[REDACTED]

CHICAGO POLICE DEPARTMENT

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11. 420C (REV. 6/30)

FINAL APPROVAL

CB #:

IR #:

YD #:

RD #:

EVENT #:

ARREST REPORTING

OFFENDER	Name: [REDACTED]	Male	
	Res: [REDACTED]	White Hispanic	
	None	5' 10"	
	DOB: [REDACTED]	195 lbs	
	AGE: 33 years	Brown Eyes	
POB: Unknown	Brown Hair		
ARMED WITH Unarmed	Long Hair Style		
	Medium Complexion		
INCIDENT	Arrest Date: 26 May 2015 19:15	TRR Completed? Yes	
	Location: [REDACTED]	Beat: 1034	
	090 - Apartment		
	Holding Facility: District 010 Lockup		
	Resisted Arrest? Yes		
CHARGES	1 Offense As Cited	720 ILCS 5.0/21-1-A-1 CRIM DAMAGE TO PROPERTY <\$300 Class A - Type M	
	2 Offense As Cited	720 ILCS 5.0/19-4-A-1 CRIM TRESPASS TO RESIDENCE Class A - Type M	
	3 Offense As Cited	720 ILCS 5.0/12-1-A ASSAULT - SIMPLE Class C - Type M	
	4 Offense As Cited	720 ILCS 5.0/31-1-A-7 RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR INJ Class 4 - Type F	
	5 Offense As Cited	720 ILCS 5.0/31-1-A-7 RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR INJ Class 4 - Type F	
	6 Offense As Cited	720 ILCS 5.0/12-2-B-4 AGG ASSAULT PC OFFICER/VOLUNTEER Class A - Type M	
	7 Offense As Cited	720 ILCS 5.0/12-2-B-4 AGG ASSAULT PC OFFICER/VOLUNTEER Class A - Type M	
		Victim [REDACTED]	

ARREST REPORTING

FELONY
REVIEW

Felony Review : Approved 27 MAY 2015 00:40

Mescall,

State's Attorney's Office

RECOVERED
NARCOTICS

NO NARCOTICS RECOVERED

WARRANT

NO WARRANT IDENTIFIED

VICTIM AND COMPLAINANT

Name: [REDACTED]	Beat: 1034	Female White Hispanic DOB: [REDACTED] Age: 31 years	Injured? No Deceased? No Hospitalized? No Treated and Released? No
Res: [REDACTED]		Comments: [REDACTED]	

VICTIM

Name: [REDACTED]	Beat: 1024	Male White Hispanic DOB: [REDACTED] Age: 38 years - Approx.	Injured? No Deceased? No Hospitalized? No Treated and Released? No
Empl: [REDACTED]		Comments: [REDACTED]	

VICTIM

Name: [REDACTED]	Beat: 1024	Male White Hispanic DOB: [REDACTED] Age: 40 years - Approx.	Injured? No Deceased? No Hospitalized? No Treated and Released? No
Empl: [REDACTED]		Comments: [REDACTED]	

ARREST REPORTING

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED]

NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EV# [REDACTED] IN SUMMARY, ABOVE OFFENDER ARRESTED ON SIGNED COMPLAINTS IN THAT HE STATED TO VICTIM [REDACTED] "BITCH, THIS IS MY WORLD. YOU THINK YOU GOING TO COME HERE AND CHANGE SHIT, SEE WHAT HAPPENS TO YOU" PLACING VICTIM IN FEAR OF RECEIVING A BATTERY. VICTIM ASKED OFFENDER TO LEAVE AND CLOSED THE DOOR. OFFENDER THEN KICKED IN THE DOOR CAUSING DAMAGE TO FRAME AND MADE SIMILAR THREATS AND REFUSED TO LEAVE. AS R/O'S ARRIVED ON SCENE, OFFENDER RETURNED TO THE APARTMENT. AS R/O'S ATTEMPTED TO DETAIN OFFENDER, OFFENDER REACHED INTO HIS PANTS POCKET AND RETREIVED A SET OF KEYS BALLING THEM INTO HIS FIST AND ATTEMPTED TO STRIKE R/O'S. R/O AVALOS CUFFED OFFENDER AND OFFENDER PULLED AWAY AND ATTEMPTED TO STRIKE R/O'S. OFFENDER WAS OC SPRAYED AND TAKEN TO THE GROUND WHERE HE WAS EVENTUALLY PLACED IN CUSTODY, MIRANDIZED, AND TRANSPORTED INTO THE 010TH DISTRICT FOR PROCESSING. NAME CHECK CLEAR. NO INVESTIGATIVE ALERTS. CLEAR G.I.P.P. CLEAR T.R.A.P CLEAR 2 DEGREES OF SEPERATION.

COURT INFO

Desired Court Date: 04 June 2015
 Branch: 44-4 3150 W FLOURNOY - Room
 Court Sgt Handle? No
 Initial Court Date: 27 May 2015
 Branch: CBC-1 2600 S CALIFORNIA - Room100
 Docket #:

BOND INFO

BOND INFORMATION NOT AVAILABLE

REPORTING PERSONNEL

ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #18817 AVALOS, J [REDACTED] 26 MAY 2015 23:24

ARRESTING OFFICER(S):

1st Arresting Officer:	#9561 ACEVEDO, M J [REDACTED]	Beat
2nd Arresting Officer:	#18817 AVALOS, J [REDACTED]	1054

APPROVING SUPERVISOR:

Approval of Probable Cause : #1093 CALVO, O J [REDACTED] 26 MAY 2015 23:27